## State of New Mexico - Taxation and Revenue Department

## CRS-1 - LONG FORM PAGE 1 COMBINED REPORT SYSTEM

Rev. 06/2010

E-mail address

Mail to: Taxation and Revenue Department, P.O. Box 25128, Santa Fe, NM 87504-5128



**TOTAL AMOUNT DUE** 

37504-5128						
		NI	EW MEXICO CRS ID NO.			
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	Payme	ent m	ade by:			
Month Day Year	□ Auto	omate	ed clearinghouse depos	t		
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cation ode Gross receipts (excluding tax)	E Tota	al tions	F Taxable gross receipts	G ?	Tax ate H	Gross receipts tax
Enter total of columns D, E and H, this page.  * See instructions for column B.  \$						
total ge \$	\$				\$	
f ! !						
the best of my knowled	hae and		TOTAL GROSS RECEI TAX ALL PAGES	PTS		
<del>.</del>		2	COMPENSATING TAX			
	<u> </u>	3	WITHHOLDING TAX			
		4	TOTAL TAX DUE			
Date		5	PENALTY			
Phone	<del> </del>	6	INTEREST			
	Month Day Year  the supplemental page forms to the Department coad the form from our violation  Gross receipts (excluding tax)  ge.  \$ total Je \$  Sturn including any account the best of my knowledge.	O D    Month   Day   Year   Payme   Auto   Fed	Check if Payment m Automate Pederal v The supplemental page. Forms to the Department. If additional additional additional to add the form from our web site at www.  Cation D Gross receipts (excluding tax) E Total deductions  General v Total (excluding tax) E Total deductions  General v Total (excluding tax) E Total deductions  General v Total (excluding tax) I Total deductions  General v Total deductions	Check if applicable:    Automated clearinghouse deposition of the supplemental page.   Automated clearinghouse deposition of the Department. If additional space is needed, pload the form from our web site at   Automated clearinghouse deposition of the supplemental page.   Automated	Check if applicable:  Amend Payment made by: Automated clearinghouse deposit Federal wire transfer  The supplemental page.  Forms to the Department. If additional space is needed, please of oad the form from our web site at www.tax.newmexico.gov.  Total Gross receipts ode  Total deductions  F Taxable gross G receipts  Gross receipts  F Taxable gross G receipts  Gross receipts  Total Gross Rece	Check if applicable: Amended replayment made by: Automated clearinghouse deposit Date Payment made by: Automated clearinghouse deposit Date Federal wire transfer Date  Check if applicable: Amended replayment made by: Automated clearinghouse deposit Date Date Federal wire transfer Date  Fatable gross Fatable g

State of New Mexico - Taxation and Revenue Department

## **CRS-1 - LONG FORM** Supplemental

**COMBINED REPORT SYSTEM** Rev. 06/2010

1.64. 00/2010	
Page of	
NAME	NEW MEXICO CRS ID NO.
TAX PERIOD	
through Marth Day Year	
Month Day Year Month Day Year  Use this page if additional space is needed to report	t gross receipts from multiple locations.
Attach this page to Page 1 of the CRS-1 Long Form.	

Attach this page to Page 1 of the CRS-1 Long Form.

Do not submit a photocopy of these forms to the Department. If additional space is needed, please obtain an original form from your local district office or download the form from our web site at www.tax.newmexico.gov.

A Municipality / county name	<b>B</b> Special code*	C Location code	<b>D</b> Gross receipts (excluding tax)	E Total deductions	<b>F</b> Taxable gross receipts	<b>G</b> Tax rate	H Gross receipts tax
Total columns [ * See instruct			\$	\$			\$